

tumours were determined. These observational data provide the foundations for future mechanistic studies of glioma stem cell migration in vitro, which are currently underway.

0209 PAEDIATRIC CIRCUMCISION: A STUDY EXAMINING POST-OPERATIVE COMPLICATIONS, PARENTAL ANXIETY AND ITS IMPACT ON PRIMARY CARE

Kenneth Jose Porter¹, Nazima Hoque², John Payne³. ¹Guys and St Thomas' Hospital, London, UK; ²Royal Surrey Hospital, Guildford, UK; ³Queen Mary's Hospital, Sidcup, UK

Background: Complications of paediatric circumcision include pain, bleeding, infection and poor cosmesis. Pre-operative counselling and structured post-operative regimes are vital for maintaining good clinical care and to prevent parental anxiety which can lead to unnecessary visits to the GP increasing the burden to primary care.

Aims: To evaluate post-operative complications and parental satisfaction with a paediatric circumcision service provided by a district general hospital.

Methods: In a one year retrospective study 30 patients with a median age of 6 years were operated on by the same surgeon and given similar pre and post-operative advice including leaflets, paracetamol as analgesia, dressing regimes and one month follow up appointments.

Patient notes and telephone questionnaires were used to record post-operative complications, GP visits and parental satisfaction.

Results: All complications and GP visits occurred within the first week. 27% of patients required extra analgesia and two patients had post-operative infections. 23% of parents visited a GP within a week anxious about their child's analgesia requirements, cosmesis and infection. 30% of parents thought that their child should be seen earlier post-operatively.

Conclusions: On discharge ibuprofen and paracetamol should be prescribed and all patients should be followed up within a week of having a circumcision.

0210 INCENTIVISING DAY-CASE LAPAROSCOPIC CHOLECYSTECTOMY

Dominic P.J. Howard, Richard Boulton, Usman Khalid, Shieh Yao, Douglas McWhinnie. Milton Keynes General Hospital, Milton Keynes, Buckinghamshire, UK

Aims: Day-case laparoscopic cholecystectomy (DCLC) is one of four high volume "Best Practice" NHS tariffs proposed for 2010. Improving DCLC rates represents an ideal opportunity to make significant NHS cost savings and simultaneously improve patient care. This study investigates whether a NHS financial incentive can trigger an improvement in the day-case rate at a medium-sized Foundation Trust with a background DCLC rate of 35%.

Methods: Prospective data over 4 months in 2010 was statistically compared with that in 2007, 2008 and 2009 following the implementation of a financial incentive strategy.

Results: Sex, age, ASA grade and operation length did not differ significantly between year groups. The DCLC rate was significantly higher in 2010 after the implementation of the strategy (68.5% vs 30.9 – 39.6% $p < 0.001$ 2-tailed Chi-squared (χ^2) test).

Conclusions: The DCLC rate increase appeared to be without adverse consequences, with low complication rates and a 2.2% readmission rate. This study outlines 5 simple commandments to be followed by NHS Trusts to enable a sustained improvement in their DCLC rate. Clearly, not all patients are suitable for day-case discharge. However, it would appear that the maximum upper limit for any trust to aim at for day-case laparoscopic cholecystectomy is 85%.

0212 A COMPARISON OF JOINT INJURIES AND FRACTURES SUSTAINED THROUGH HIGH SCHOOL AMERICAN FOOTBALL IN ILLINOIS, USA. WHAT FACTORS AFFECT THE TYPES OF INJURIES SUSTAINED?

David Neilly¹, Campbell Maceachern³, Richard Erickson², James Bidwell¹. ¹School of Medicine and Dentistry, University of Aberdeen, Aberdeen, UK; ²SportsMed, Wheaton Orthopaedics Ltd, Illinois, USA; ³NHS Grampian, Aberdeen, UK

In North America, high school American Football is a highly competitive sport associated with a variety of injuries. This study aimed to ascertain the orthopaedic injuries sustained and factors influencing injury, investigated over 2 seasons (2007–2009) at 5 high schools in DuPage County, Illinois, USA.

Methods: Anonymous data was collected over 8 weeks from the accident records of certified athletic trainers, each injury originally diagnosed by an orthopaedic surgeon. 1100 records were encountered, with 111 patients fitting selection criteria. A template sheet was developed and piloted to aid data collection. Variables recorded included; playing surface (grass/synthetic turf), training sessions per week, age of athletes and scenario (practice/competition). The injuries were categorised and Fisher's exact test applied for each variable.

Results: A fractured radius (30%) was the most common fracture, and patella fracture the least common (2%). The most likely joint injury was acromioclavicular joint separation (19%). Playing more times per week was protective for knee injuries ($P < 0.05$), but increased the likelihood of shoulder injuries ($P < 0.05$).

Conclusions: Playing on synthetic turf rather than grass does not increase the risk of fractures or joint injury. Training and competitive play more times per week can reduce risk of knee injuries in high school athletes.

0213 INCREASING TRAINING OPPORTUNITIES UNDER THE EWTD

Steven Jones, Andrew Guy. Mid Cheshire Hospitals NHS Foundation Trust, Leighton Hospital, Crewe, Cheshire, UK

Introduction: The EWTD has reduced surgical training to 18,000 hours over 8 years. Vascular trainees are still expected to have been involved in 200 major vascular operations. We assessed EWTD implementation on trainee involvement in major vascular cases at a District Hospital.

Methods: A retrospective audit of one consultant surgeon's Intercollegiate Surgical Curriculum Project (ISCP) logbook was performed. Trainee involvement in all vascular major cases from 2001–2009 was analysed.

Results: The overall number of cases remained constant (45–50 per year). In 2005 after the introduction of the 58hr working week, major cases performed without a trainee doubled to 22% ($n=10$). Since this time however trainee involvement has increased such that in 2009 only 2 major cases (4%) were performed without a trainee present. Most strikingly, the proportion of supervised operating since 2005 has increased year by year from 42% in 2005 to 55% in 2009.

Discussion: The level of supervised operating is above that observed in similar studies of changes to training imposed by the Calman reforms. The results show training opportunities in vascular surgery can be maximised despite restrictions in working hours. Important factors are probably trainee flexibility and enthusiasm for training on the part of the consultant supervisor.

0214 A DISTRICT GENERAL EXPERIENCE OF TRANSVERSUS ABDOMINUS PLANE BLOCK IN LAPAROSCOPIC COLORECTAL SURGERY

Steven Jones, Vashisht Sekar, Arifullah Khan, Zaherali Damani, Chelliah Selvasekar. Mid Cheshire Hospitals NHS Foundation Trust, Leighton Hospital, Crewe, Cheshire, UK

Aims: To assess the safety of ropivacaine 2mg/kg for Transversus Abdominus Plane (TAP) block and to assess its impact on post-operative analgesia requirements, length of stay and time to opening bowels.

Method: A case controlled study of the first 20 patients to receive TAP block and Patient Controlled Analgesia (PCA) compared with 20 matched cases who received PCA only.

Results: No adverse reactions were noted. There is decreased overall use of PCA dose in the TAP group but no difference in patient demand for PCA or in actual delivered doses from the PCA between the two groups within the first 12hrs post operatively. Time to first bowel opening was 2 days in the TAP group compared with 5 days in the control group. Total postoperative length of stay was 5.5 days in the TAP group compared with 8 days in the control group.

Conclusion: The expedited return of bowel function in the TAP group contributed to a shorter in-hospital stay.